## PATENT APPLICATION FEE DETERMINATION RECOR Effective December 8, 2004

Application or Docket Number

10/527043

| CLAIMS AS FILED - PART I  |  |   |   |                                     |                                     |                  |              | SMALL ENTITY        |                        |                              | OTHER THAN          |                        |  |
|---|--|---|---|-------------------------------------|-------------------------------------|------------------|--------------|---------------------|------------------------|------------------------------|---------------------|------------------------|--|
|   |  |   | (Column   | (Column 2)                          |                                     |                  | TYPE         |                     | OR                     | OTHER THAN<br>OR SMALL ENTIT |                     |                        |  |
| U.S. NATIONAL STAGE FEES  |  |   |   |                                     |                                     | •                | 7            | RATE                | FEE                    |                              | RATE                | FEE                    |  |
| BASIC FEE   |  |   | SMALL ENT.  | LAR                                 | GE ENT. = \$ 300                    |                  | BASIC FEE    |                     | OR                     | BASIC FEE                    | 300                 |                        |  |
| EXAMINATION FEE   |  |   | Satisfies PCT Art<br>(4) = \$ 50 /                    |                                     | ther situations = 100 / \$ 200      |                  | EXAM. FEE    |                     |                        | EXAM. FEE .                  | 200                 |                        |  |
| SEARCH FEE  |  |   | U.S. is ISA = \$ 5<br>ALL other coun<br>\$ 200 / \$ 4 | All of                              | ther situations =<br>5 250 / \$ 500 |                  | SEARCH FEE   |                     |                        | SEARCH FEE                   | 100                 |                        |  |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu  | •                                   | / 50 =                              |                  | X \$ 125 =   |                     |                        | X \$ 250 =                   |                     |                        |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | / mini  | •                                   |                                     |                  | X \$ 25 =    |                     | OR                     | X \$ 50 =                    |                     |                        |  |
| INDEPENDENT CLAIMS  |  |   | mit   | . –                                 |                                     |                  | X \$ 100 =   |                     | OR                     | X \$ 200 =                   |                     |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | SENT  |                                     |                                     |                  |              | + \$ 180 =          |                        | OR                           | + \$ 360 =          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |   |                                     |                                     | lumn 2           |              | TOTAL               |                        | OR                           | TOTAL               | 600                    |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)  |  |   |   |                                     |                                     |                  | SMALL ENTITY |                     |                        | OTHER THAN<br>SMALL ENTITY   |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHI<br>NUME<br>PREVIO<br>PAID I   | BER<br>BUSLY                        | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | - 14                                      | Minus   | - 2                                 | <u> </u>                            | -                |              | X \$ 25 =           |                        | <b>b</b> R                   | X \$ 50 =           | 1                      |  |
|   | Independent                                    | • 1                                       | Minus   | •••                                 | 3                                   | - /              |              | X \$ 100 =          |                        | OR                           | X \$ 200 =          |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                     |                                     |                  |              | +\$ 180 =           |                        | OR                           | + \$ 360 =          |                        |  |
|   | •  |   |   |                                     | •                                   |                  |              | TOTAL ADDIT.<br>FEE |                        | OR                           | TOTAL ADDIT.<br>FEE |                        |  |
|   |  | (Column 1)                                |   | (Colum                              | na 2)                               | (Column 3)       |              |                     |                        |                              |                     |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |   | HIGHE<br>NUMB<br>PREVIOUS<br>PAID F | ST<br>ER<br>USLY                    | PRESENT<br>EXTRA |              | RATE                | ADDI-<br>TIONAL<br>FEE |                              | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | •   | Minus   | ••                                  |                                     | =                |              | X \$ 25 =           |                        | OR                           | X \$ 50 =           |                        |  |
| AMEN  | Independent                                    | •   | Minus   | •••                                 |                                     | Ħ                |              | X \$ 100 =          |                        | OR                           | 'X \$ 200 =         |                        |  |
|   | FIRST PRES                                     | ENTATION OF M                             | ULTIPLE DEPEN   | NDENT C                             | LAIM                                |                  | . [          | +\$ 180 =           |                        | OR                           | + \$ 360 =          |                        |  |
| TOTAL ADDIT.  |  |   |   |                                     |                                     |                  |              |                     |                        | OR TOTAL ADDIT.              |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "20", enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number tound in the appropriate box in column 1. |  |   |   |                                     |                                     |                  |              |                     |                        |                              |                     |                        |  |